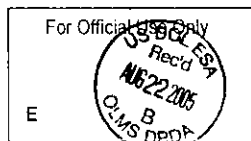


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



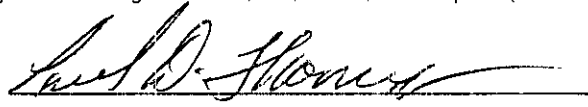
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text"/> 12841	2. Fiscal Year Covered From: <input type="text"/> / <input type="text"/> / <input type="text"/> Through: <input type="text"/> / <input type="text"/> / <input type="text"/> 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Paul D Thomas P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> 2525 Maplewood Avenue City <input type="text"/> Toledo State <input type="text"/> ZIP Code + 4 <input type="text"/> Ohio 43610	4. Name, file number, and address of labor organization. Name <input type="text"/> Ohio & Vicinity Regional Council of Carpenters Labor Organization File Number <input type="text"/> 542-227 P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> 9278 East Arena Drive City <input type="text"/> Rossford State <input type="text"/> ZIP Code + 4 <input type="text"/> Ohio 43460
5. Position in labor organization. <input type="text"/> Business Representative	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On <input type="text"/> Date 8/11/2005	<input type="text"/> Telephone Number 419-893-3782

Name of Person Filing Paul Thomas

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name See attached

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name: Paul D. Thomas
File No.: U-_____

2004 LM-30

<u>#</u>	<u>Date of Event</u>	<u>Category</u>	<u>Description of Event</u>	<u>Name & Address of Employer</u>	<u>Nature of Relationship to the Employer</u>	<u>Estimated Dollar Value</u>	<u>Comment</u>
1.	Nov 28 – Dec 2, 2004	B	Educational Seminar	NW Ohio Carpenters Supplemental Pension P.O. Box 697 Toledo, Ohio 43697	Trust Fund providing retirement benefits to certain members of the Ohio & Vicinity Regional Council of Carpenters	\$2,773.39	Includes Registration of \$915.00 & Hotel, Meals and Travel expenses of \$1,858.39